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PTO/SB/22 (08-03)

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| | PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | | | | | | |
|----------|---|--|-----------|---|--|---------|--------------------|--|
| 05 HLE33 | 00000008 09679688 | | | | In re Application of LIPSCOMB, Kenneth O. | | | |
| 2252 | 225.00 OP | | | 25.00 OP | Application Number 09/679 | 9,688 | Filed Oct. 5, 2000 | |
| | | | | | SYSTEM AND METHOD FOR DISTRIBUTING MEDIA ASSETS TO USER DEVICES AND MANAGING USER RIGHTS FOR OF THE MEDIA ASSETS | | | |
| | | | | | Art Unit 2142 Examiner PRIETO, Beatriz | | | |
| | This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | | | | |
| ĺ | The requested extension and appropriate non-small-entity fee are as follows (check time period desired): | | | | | | | |
| | One month (37 CFR 1.17(a)(1)) | | | | | • | \$ | |
| | | * | Two mo | onths (37 CFR 1.17(a)(2)) | | | s <u>450.00</u> | |
| | | | Three m | nonths (37 CFR 1.17(a)(3)) | | | \$ | |
| | | | Four mo | onths (37 CFR 1.17(a)(4)) | | | \$ | |
| ĺ | | | Five mo | nths (37 CFR 1.17(a)(5)) | | | s | |
| | X | Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 225.00 | | | | | | |
| | | A chec | k in the | amount of the fee is encl | osed. | | | |
| | X | Payme | ent by cr | edit card. Form PTO-203 | 8 is attached. | | | |
| | | The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | | | |
| | | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number | | | | | | |
| ł | | l have | enclose | d a duplicate copy of this | sheet. | | | |
| | | I am th | e 🗌 | applicant/inventor. | | | | |
| | assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | | | | | | | |
| | | | K | attorney or agent of reco | ord. Registration Number $\underline{4}$ | 0,819 | | |
| | | | | attorney or agent under Registration number if act | 37 CFR 1.34(a). ing under 37 CFR 1.34(a) | | | |
| | WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | |
| i | May 9, 2005 | | | | May | 5 | | |
| | | | | Date | | Signatu | ire | |
| | (770) 804-9070 | | | | Gregory Scott Smith | | | |
| | Telephone Number Typed or printed name | | | | | | | |
| | NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | |
| Γ | Total of 2 forms are submitted. | | | | | | | |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.